

Chapter 6 Comprehensive Medical Rehabilitation Services

600 Comprehensive Medical Rehabilitation Services

Comprehensive medical rehabilitation (CMR) services are an intensive care service that treats patients with severe physical disabilities by providing a coordinated multidisciplinary approach that requires an organized program of integrated services. Level I facilities offer a full range of CMR services to treat disabilities such as spinal cord injury, brain injury, stroke, congenital deformity, amputations, major multiple trauma, polyarthritis, fractures of the femur, and neurological disorders. Level II facilities offer CMR services to treat disabilities other than spinal cord injury, congenital deformity, and brain injury.

The bed capacity, number of discharges, average length of stay, and occupancy rates for Level I and Level II CMR facilities are listed in Tables 6-1 and 6-2, respectively.

Table 6-1
Hospital-Based Level I CMR Units
FY 2017

Facilities	Licensed Bed Capacity	Average Daily Census	Average Length of Stay	Occupancy Rate (%)
Baptist Memorial Hospital - DeSoto	30	17.06	12.49	56.86
Delta Regional Medical Center -West Campus	24	8.16	12.26	34.00
Forrest General Hospital	24	16.37	14.46	68.23
Memorial Hospital at Gulfport	33	22.91	12.19	69.41
Mississippi Methodist Rehab Center	80	55.75	16.21	69.69
North Miss Medical Center	30	23.95	13.58	79.85
University Hospital and Health System*	0	0.00	0.00	0.00
State Total	221	20.60	11.60	54.01

Source: Applications for Renewal of Hospital License for Calendar Year 2016; FY 2017 Annual Hospital Report

Note(s): According to the Applications for Renewal of Hospital License for Calendar Year 2016 and FY 2017 Annual Hospital Report, University Hospital and Health System* reported zero (0) Level I CMR Bed Units.

Table 6-2
Hospital-Based Level II CMR Units
FY 2017

Facility	Licensed Bed Capacity	Average Daily Census	Average Length of Stay	Occupancy Rate (%)
Baptist Memorial Hospital - North Miss	13	4.99	10.80	38.36
Greenwood Leflore Hospital	20	12.08	12.63	60.40
Merit Health Natchez f/k/a Natchez Regional Medical Center	20	7.41	12.63	37.03
Northwest MS Regional Medical Center*	0	0	0.00	0.00
Anderson Regional Medical Center South	20	13.29	11.34	66.47
Singing River Hospital*	20	15.54	12.73	77.71
TOTALS	93	8.89	10.02	46.66

Source: Applications for Renewal of Hospital License for Calendar Year 2016; FY 2017 Annual Hospital Report

Note(s): Singing River Hospital was CON approved February 2013 to add 8 Level II CMR Beds. Singing River Hospital currently has a Six Month Extension for the completion of the proposed project. Northwest MS Regional Medical Center place 14 Beds in abeyance September 2013.

601 The Need for Comprehensive Medical Rehabilitation Services

A total of 221 Level I and 93 Level II rehabilitation beds were operational in Mississippi during FY 2017. Map 6-3 at the end of this chapter shows the location of all CMR facilities in the state. The state as a whole serves as a single service area when determining the need for comprehensive medical rehabilitation beds/services. Based on the bed need formula found in the criteria and standards section of this chapter, Mississippi currently needs 30 Level I beds and needs 103 additional Level II CMR beds

602 The Need for Children's Comprehensive Medical Rehabilitation Services

No universally accepted methodology exists for determining the need of children's comprehensive medical rehabilitation services. The bed need methodology in the previous section addresses need for all types of comprehensive medical rehabilitation beds, including those for children.

603 Certificate of Need Criteria and Standards for Comprehensive Medical Rehabilitation Beds/Services

603.01 Policy Statement Regarding Certificate of Need Applications for Comprehensive Medical Rehabilitation Beds/Services

1. Definition: Comprehensive Medical Rehabilitation (CMR) Services provided in a freestanding CMR hospital or a CMR distinct part unit are defined as an intensive care service providing a coordinated multidisciplinary approach to patients with severe physical disabilities that require an organized program of integrated services. These disabilities include: stroke, spinal cord injury, congenital deformity, amputation, major multiple trauma, fractures of the femur (hip fracture), brain injury, polyarthritis, including rheumatoid arthritis, or neurological disorders, including multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's Disease.
2. Planning Areas: The state as a whole shall serve as a single planning area for determining the need of CMR beds/services.
3. CMR Services:

Level I - Level I CMR providers may provide treatment services for all rehabilitation diagnostic categories.

Level II - Level II CMR providers may provide treatment services for all rehabilitation diagnostic categories except: (1) spinal cord injuries, (2) congenital deformity, and (3) brain injury.
4. CMR Need Determination: MSDH shall determine the need for Level I CMR beds/services based upon a formula of 0.08 beds per 1,000 population for the state as a whole.

MSDH shall determine need for Level II CMR beds/services based upon a formula of 0.0623 beds per 1,000 population for the state as a whole. Table 6.3 shows the current need for CMR beds.
5. Present Utilization of Rehabilitation Services: When reviewing CON applications, MSDH shall consider the utilization of existing services and the presence of valid CONs for services.
6. Minimum Sized Facilities/Units: Freestanding CMR facilities shall contain not less than 60 beds. Hospital-based Level I CMR units shall contain not less than 20 beds. If the established formula reveals a need for more than ten beds, MSDH may consider a twenty (20) bed (minimum sized) unit for approval. Hospital-based Level II CMR facilities are limited to a maximum of thirty (30) beds. New Level II rehabilitation units shall not be located within a forty-five (45) mile radius of any other CMR facility.
7. Expansion of Existing CMR Beds: Before any additional CMR beds, for which CON review is required, are approved for any facility presently having CMR beds, the currently licensed CMR beds at said facility shall have maintained an occupancy rate of at least

eighty percent (80%) for the most recent twelve (12) month licensure reporting period or at least seventy percent (70%) for the most recent two (2) years.

8. Priority Consideration: When reviewing two or more competing CON applications, MSDH shall use the following factors in the selection process, including, but not limited to, a hospital having a minimum of 160 licensed acute care beds as of January 1, 2000; the highest average daily census of the competing applications; location of more than 45 mile radius from an existing provider of CMR services; proposed comprehensive range of services; and the patient base needed to sustain a viable CMR service.
9. Children's Beds/Services: Should a CON applicant intend to serve children, the application shall include a statement to that effect.
10. Other Requirements: Applicants proposing to provide CMR beds/services shall meet all requirements set forth in CMS regulations as applicable, except where additional or different requirements as stated in the State Health Plan or in the licensure regulations, are required. Level II CMR units are limited to a maximum size of thirty (30) beds and must be more than a forty-five (45) mile radius from any other Level I or Level II rehabilitation facility.
11. Enforcement: In any case in which MSDH finds a Level II provider has failed to comply with the diagnosis and admission criteria as set forth above, the provider shall be subject to the sanctions and remedies as set forth in Section 41-7-209 of the Mississippi Code of 1972, as amended, and other remedies available to MSDH in law or equity.
12. Addition/Conversion of Beds: Effective July 1, 1994, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a CON under the authority of Section 41-7-191(1)(c), unless there is a projected need for such beds in the planning district in which the facility is located.
13. Delicensed Beds: Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a CON. MSDH shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

603.02 Certificate of Need Criteria and Standards for Comprehensive Medical Rehabilitation Beds/Services

MSDH will review applications for a CON for the establishment, offering, or expansion of comprehensive medical rehabilitation beds and/or services under the statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code 1972, Annotated, as amended. MSDH will also review applications for Certificate of Need according to the general criteria listed in the *Mississippi Certificate of Need Review Manual*, all adopted rules, procedures, and plans of MSDH, and the specific criteria and standards listed below.

In addition, comprehensive rehabilitation services are reviewable if the proposed provider has not provided such services on a regular basis within twelve (12) months prior to the time such services would be offered. The twenty (20) bed hospital-based comprehensive medical rehabilitation facilities which were operational or approved on January 1, 2001, are *grandfathered* and shall not be required to obtain a Certificate of Need as long as the services are provided continuously by those facilities and are limited to the diagnoses set forth below for Level II comprehensive medical rehabilitation facilities.

Need Criterion 1: Projected Need

- a. New/Existing CMR Beds/Services: The need for Level I CMR beds in the state shall be determined using a methodology of 0.08 beds per 1,000 population. The state as a whole shall be considered as a single planning area.

The need for Level II CMR beds in the state shall be determined using a methodology of 0.0623 comprehensive medical rehabilitation beds per 1,000 population. The state as a whole shall be considered a planning area.

- b. Projects which do not Involve the Addition of any CMR Beds: The applicant shall document the need for the proposed project. Documentation may consist of, but is not necessarily limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans (duly adopted by the governing board), recommendations made by consultant firms, and deficiencies cited by Accreditation Agencies (JCAHO, CAP).
- c. Projects which Involve the Addition of CMR Beds: The applicant shall document the need for the proposed project.

Exception: Notwithstanding the service specific need requirements as stated in "a" above, MSDH may approve additional beds for facilities which have maintained an occupancy rate of at least eighty percent (80%) for the most recent twelve (12) month licensure reporting period or at least seventy percent (70%) for the most recent two (2) years.

- d. Level II Trauma Centers: The applicant shall document the need for the proposed CMR project.

Exception: Notwithstanding the forty-five (45) mile radius distance requirement from an existing CMR provider, MSDH may approve the establishment of a twenty (20) bed Level II CMR unit for any hospital without CMR beds which held a Level II Trauma care designation on July 1, 2003, as well as on the date the Certificate of Need CON application is filed.

- e. Conversion of Level II CMR Beds to Level I CMR Beds: Notwithstanding any other policy statement, standard or criterion, including, but not limited to, Need Criterion 1(a) above, an existing Level II CMR unit may convert no more than eight (8) beds to Level I CMR status if the Level II facility meets the following requirements:
 - (i) The Level II CMR unit demonstrates high utilization by documenting that it has maintained an occupancy rate of at least eighty percent (80%) for the most recent

twelve (12) month licensure reporting period or at least seventy percent (70%) for the most recent two (2) years, as reported in the Mississippi State Health Plan.

- (ii) The Level II CMR unit establishes the need for Level I CMR status for no more than eight (8) beds by documenting that the facility expects to have a minimum of sixty (60) patient admissions annually with one or more of the following rehabilitation diagnostic categories: spinal cord injuries, congenital deformity, and/or brain injury. This documentation may include, without limitation, the Level II CMR unit's patient data or any other data or documentation acceptable to MSDH.
- (iii) The Level II CMR unit shall document compliance with the standards for Level I CMR units set forth below in Criterion 2 (Treatment and Programs) and Criterion 3 (Staffing and Services).
- (iv) The Level II facility shall obtain the written support for the project from any Level I CMR facility within a 45 mile radius of the facility. The Department shall assess the potential of the project on any adverse impact on any Level I CMR facilities operating in the state and such assessment shall be continually reviewed by the Department. The Department may revoke or suspend any Level II CMR unit operating a Level I program for non-compliance or finding of adverse impact to any Level I CMR units or programs in the state.

Need Criterion 2: Level 1 CMR Services

Applicants proposing to establish Level I CMR services shall provide treatment and programs for one or more of the following conditions:

- a. Stroke,
- b. Spinal cord injury,
- c. Congenital deformity,
- d. Amputation,
- e. Major multiple trauma,
- f. Fractures of the femur (hip fracture),
- g. Brain injury,
- h. Polyarthritis, including rheumatoid arthritis, or neurological disorders, including multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's Disease.

Applicants proposing to establish Level II CMR services shall be prohibited from providing treatment services for the following rehabilitation diagnostic categories: (1) spinal cord injury, (2) congenital deformity, and (3) brain injury.

Facilities providing Level I and Level II CMR services shall include on their *Annual Report of Hospitals* submitted to MSDH the following: total admissions, average length of stay by diagnosis, patient age, sex, race, zip code, payor source, and length of stay by diagnosis.

Need Criterion 3: Staffing and Services

a. Freestanding Level I Facilities

i. Shall have a Director of Rehabilitation who:

- (1) Provides services to the hospital and its inpatient clientele on a full-time basis;
- (2) Is a Doctor of Medicine or Osteopathy licensed under state law to practice medicine or surgery; and
- (3) Has had, after completing a one (1) year hospital internship, at least two (2) years of training in the medical management of inpatients requiring rehabilitation services.

ii. The following services shall be provided by full-time designated staff:

- (1) Speech therapy
- (2) Occupational therapy
- (3) Physical therapy
- (4) Social services

iii. Other services shall be provided as required, but may be by a consultant or on a contractual basis.

b. Hospital-Based Units

i. Both Level I and Level II hospital-based units shall have a Director of Rehabilitation who:

- (1) Is a Doctor of Medicine or Osteopathy licensed under state law to practice medicine or surgery;
- (2) Has had, after completing a one (1) year hospital internship, at least two (2) years of training or experience in the medical management of inpatients requiring rehabilitation services; and
- (3) Provides services to the unit and its inpatients for at least twenty (20) hours per week.

ii. The following services shall be available full time by designated staff:

- (1) Physical therapy
- (2) Occupational therapy

(3) Social services

- iii. Other services shall be provided as required, but may be by a consultant or on a contractual basis.

603.03 Certificate of Need Criteria and Standards for Children's Comprehensive Medical Rehabilitation Beds/Services

Until such time as specific criteria and standards are developed, the MSDH will review CON applications for the establishment of children's CMR services under the general criteria and standards listed in the *Mississippi Certificate of Need Review Manual* in effect at the time of submission of the application, and the preceding criteria and standards listed.

603.04 Comprehensive Medical Rehabilitation Bed Need Methodology

The determination of need for Level I CMR beds/services will be based on 0.08 beds per 1,000 population in the state as a whole for the year 2023. Table 6-3 presents Level I CMR bed need.

The determination of need for Level II CMR beds/services will be based on 0.0623 beds per 1,000 population in the state as a whole for the year 2023. Table 6-3 presents Level II CMR bed need.

Table 6-3
Comprehensive Medical Rehabilitation Bed Need
2017

Level	Estimated Population 2023	Aproved CMR Beds	CMR Beds Needed	Difference
Level I	3,138,145	191	251	60
Level II	3,138,145	93	196	103

Source(s): Applications for Renewal of Hospital License for Calendar Year 2016; FY 2017 Annual Hospital Report. State Data Center of Mississippi, University of Mississippi Center for Population Studies, February 13, 2018.

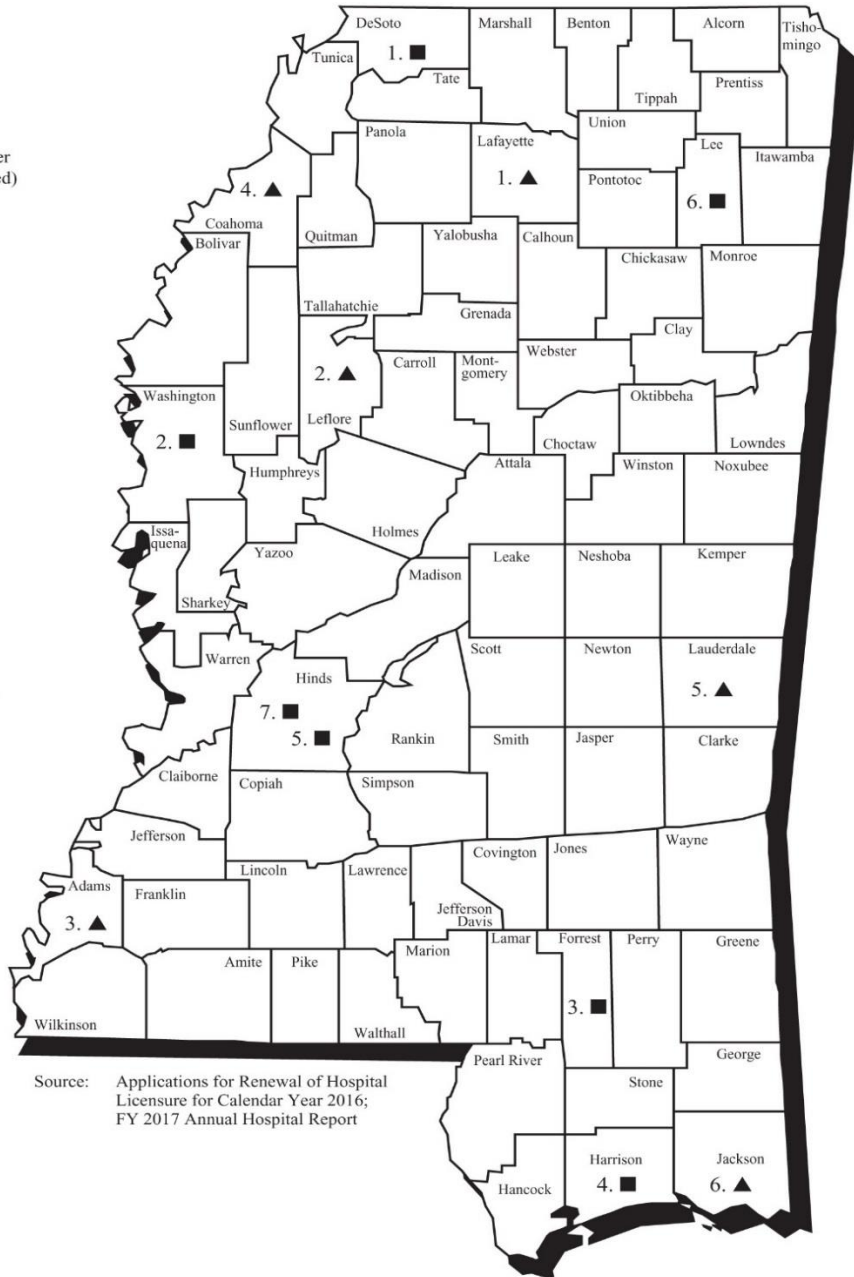
Map 6-1 Location of Comprehensive Medical Rehabilitation Facilities Level I and Level II

Level I: ■

1. ■ Baptist Memorial Hospital
DeSoto County
30 Bed Unit
2. ■ Delta Regional Medical Center
24 Bed Unit (8 CON Approved)
3. ■ Forrest General Hospital
24 Bed Unit
4. ■ Memorial Hospital
at Gulfport
33 Bed Unit
5. ■ Mississippi Methodist
Hospital and Rehabilitation
Center
80 Bed Unit
6. ■ North Mississippi
Medical Center
7. ■ University Hospital
and Health System

Level II: ▲

1. ▲ Baptist Memorial Hospital
North Mississippi
13 Bed Unit
2. ▲ Greenwood Leflore Hospital
20 Bed Unit
3. ▲ Natchez Regional
Medical Center
20 Bed Unit
4. ▲ Northwest MS Regional
Medical Center
14 Beds in Abeyance
5. ▲ Anderson Regional
Medical Center-South
20 Bed Unit
6. ▲ Singing River Hospital
20 Bed Unit
(8 CON Approved)



Source: Applications for Renewal of Hospital Licensure for Calendar Year 2016; FY 2017 Annual Hospital Report

604 Certificate of Need Criteria and Standards for Comprehensive Medical Residential Medical Rehabilitation Beds/Services for Patients with Traumatic Brain Injury (CRMR-TBI)

604.01 Policy Statement Regarding Certificate of Need Applications for Comprehensive Residential Medical Rehabilitation Beds/Services for Patients with Traumatic Brain Injury

1. Definitions:
 - (a) Comprehensive Residential Medical Rehabilitation Services (CRMR) for Patients with a Traumatic Brain Injury (TBI) are defined as a place which is devoted to the provision of residential treatment and rehabilitative care in a transitional living program or a lifelong living program for periods of twenty-four (24) hours or longer for persons who have traumatic brain injury.
 - (b) A transitional living program is treatment and rehabilitative care delivered to traumatic brain injury patients who require education and training for independent living with a focus on compensation for skills which cannot be restored; such care prepares clients for maximum independence, teaches necessary skills for community interaction, works with clients pre-vocational and vocational training and stresses cognitive, speech, and behavioral therapies structured to the individual needs of patients.
 - (c) Lifelong living program is treatment and rehabilitative care to traumatic brain injury patients who have been discharged from advanced treatment and rehabilitation facilities, but who cannot live at home independently, and who require on-going lifetime support and rehabilitation.
 - (d) A TBI is a traumatic harm to the brain and its related parts resulting in organic damage thereto that may cause physical, intellectual, emotional, social, and/or vocational changes in a person.
2. Planning Areas: The state as a whole shall serve as a single planning area for determining the need of CRMR beds/services for patients with a TBI.
3. Any application for a CRMR-TBI shall document the need for such a program in the state. Any application for an expansion through the addition of beds at a CRMR-TBI shall document an occupancy rate in excess of seventy percent (70%) for the most recent two (2) years.
4. Present Utilization of Rehabilitation Services: When reviewing CON applications for CRMR-TBI, MSDH shall consider the utilization of existing services and the presence of valid CONs for services.
5. Minimum Sized Facilities/Units: CRMR-TBI facilities shall contain not less than six (6) beds and no more than thirty (30) beds. MSDH shall give a preference for CRMR-TBI facilities that are not located within a forty-five (45) mile radius of any other CRMR-TBI facility.
6. Children's Beds/Services: Should a CON applicant intend to serve children, the application shall include a statement to that effect.

7. Other Requirements: Applicants proposing to provide CRM-R-TBI beds/services shall meet all requirements set forth in CMS regulations as applicable, except where additional or different requirements, as stated in the State Health Plan or in the licensure regulations, are required.
8. Effective July 1, 1994, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a CON under the authority of Section 41-7-191(1)(c), unless there is a projected need for such beds in the planning district in which the facility is located.
9. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a CON. MSDH shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

604.02 Certificate of Need Criteria and Standards for Comprehensive Residential Medical Rehabilitation Beds/Services for Patients with Traumatic Brain Injury (CRM-R-TBI)

MSDH will review applications for a CON for the establishment, offering, or expansion of CRM-R beds and/or services for patients with TBI under the statutory requirements of Sections 41-7-173, 41-7-191, and 41-7-193, Mississippi Code 1972, Annotated, as amended. MSDH will also review applications for Certificate of Need according to the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of MSDH; and the specific criteria and standards listed below.

In addition, comprehensive rehabilitation services are reviewable if the proposed provider has not provided such services on a regular basis within twelve (12) months prior to the time such services would be offered.

Need Criterion 1: Projected Need

- a. New/Existing CRM-R Beds/Services for Patients with TBI: shall be determined considering the current and projected population of the state as whole and the current and projected incidence of TBIs. The state as a whole shall be considered a planning area.
- b. Projects which do Not Involve the Addition of any CRM-R-TBI beds: The applicant shall document the need for the proposed project. Documentation may consist of, but is not necessarily limited to, citing of licensure or regulatory code deficiencies, institutional long-term plans (duly adopted by the governing board), recommendations made by consultant firms, and deficiencies cited by Accreditation Agencies (JCAHO, CAP).
- c. Projects which Involve the Addition of Beds: The applicant shall document the need for the proposed project. MSDH may approve additional beds for facilities, which have maintained an occupancy rate of at least seventy percent (70%) for the most recent two (2) years.

Need Criterion 2: Federal/State Requirements

Applicants proposing to establish CRM-R services for patients with TBI shall demonstrate the ability to meet all CMS and state licensure requirements.